Under the Paperwork Re PATEN	APPLICATION	FEE DETERMIN	ATION PEODE	aformation unless it	e through 7/31/2006, C U.S. DEPARTMENT O DEPARTMENT OF CERES & VARIO OMB	MUB. OB! FCOMA
	Substitut	e for Form PTO-875	ou upcorb	TA	photion of Regarding	n lorino
C	AIMS AG FU				UT JYCOPY W	YOUR
<u>. </u>	LAIMS AS FILED -	PARTI			1014	
	(Column 1)	(Column 2)			-	
FOR.	MI II ADD		SMALL	ENTTY of	OR OTHER	THAN
BASIC FEE	NUMBER FILED	NUMBER EXTRA		T	SMALL	YTTINE
(37 OFR 1.16(a))		- The same of the	RATE	FEE		
TOTAL CLAIMS					RATE	CC.
(37 CFR 1.16(c))				385.00		_Œ
MDEPENDENT CLAIMS (37 CFR 1.16(b))	414103 SO =	· ·	x:25_	0	·	770
(31 CFR 1.16(D))	C sunim	1.		. OF	x .50 .	
MULTIPLE DEDGLIDE			xs/00=			
MULTIPLE DEPENDENT CLA	IM PRESENT D7 C	FR 1.16(d))		OR	x \$200 .	
			+=/80	7		
If the difference in column.	is less than zero, enter	O' to cottime a		OR.	+360	•
1		voidinii Z	TOTAL	. 1		
IN CLAIMS	AS AMENDED - P	ART II	L	OR	TOTAL	!
		CAZLII	• • •	-	<u> </u>	
REPUBLIC ICOM	mn_1) .	0-4			•	
∢ GL	MS	Column 2) (Column :	3) 91444			•
	MNING 1.	IGHEST	SMALL EN	TTTY OR	OTHER TH	AŅ .
3 / 1	neo i n	WIMBER PRESENT	RATE		SMALL ENT	ΠΥ
	PRE PRE	MOLFOR EXTRA		ADDI-	- Dave	
THE CHE LIGITING	Filinus. 44		4 1	TIONAL FEE	1 1	ADD1.
Independent (37 OFR 1.16(b))	2	9 01 /	× 25			ONAL FEE
PACOUS FREEDIL	Mirites .**	2/2	1 たるプ	OR OR	v. 50	
FRAT DOCUMENT			1 x x / CO	· · · ·	×4.50	
FIRST PRESENTATION OF	WULTIPLE DEPENDENT CL	MM COZ CERTA AND THE	7 1-1-1		x:200	
		for risk 1*10(q))	J +4 X12			
			TOTAL	OR OR	+800	. :
			ADO'L FEE	1	TOTAL	
(Column		dumn 2) (Column 3)		OR	ADD'L FEE	.
CLA!! REMAR	HIG	HEST	· · · · · · · · · · · · · · · · · · ·	_	-	
I. AFTE	R· I	WEER PRESENT				. '
Total AMENDA	(PSA)	OUSLY EXTRA		D04	RATE ATM	
CST CORE LANGE	Minus **	The state of the s		NAL	1 124	
		2			TION	
Independent a car Circ Lieby	Minnes. +++	- : = :	:25	. 1 [RA !	
CTOR		1. 1	× 100	OR I	×:50	·
FIRST PRESENTATION OF M	ULTIPLE DEPENDENT ~	1 400		OR :	200	_
	TO THE COMME	(47 CFR 1.16(d))	14:180]
•••	٠.		TOTAL	OR -	· \$300	.]
•		•	ADD'L FEE	1 7	OTAL	
(Column	1)	ma 01 1		OR A	DOLFEE	7.
CLAIM	(Colu	mn 2) (Column 3)		· • · .		
REMAINS		BER PRESENT				1
AFTER AMENOME	PREVIO	USIY I FYTDA I	RATE ADD			_
	PAID	OR	NOIT,	AL I	RATE ADDL	
(31 CHR 1.16(d)	Minus **	E	FEI		TIONAL	
(37 CFR 1.16(b)) .	Minus 444		×125	一		
er our rie(6)	Minus ***	#		OR: X	50	7.
FIRST PRESCRIPTION			× 100	1 1		
FIRST PRESENTATION OF MUL	TIPLE DEPENDENT CLAIM	(37 CER 1 100 11)	L/X -	OR X	2001	1
		(a) CLU 1.16(d))	1+4/20			4
			TOTAL	OR +	200	- 1
K the entry in column 1 is less If the "Highest Number Previo I the "Highest Number Previo	· ·		ADD'L FEE			

"If the entry in column 1 is less than the entry in column 2, trails "0" the column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The knormation is required to obtain or retain a benefit by the public which is to file fand by the public which is to file fand by the public which is to file fand by the another gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual care. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

NOT SEND FEES OR COMPLETED FORMS TO THIS